

05-11-06

IAP7 Rec'd PCT/PTO 09 MAY 2006

Atty. Dkt. No. 060925-1900

RCE
ZJH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD

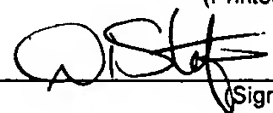
Title: METHODS TO TREAT
AUTOIMMUNE AND
INFLAMMATORY
CONDITIONS

Appl. No.: 10/051,320

Appl. Filing Date: 1/18/2002

Examiner: Kim, Jennifer M.

Art Unit: 1617

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 861932413 US (Express Mail Label Number)	May 9, 2006 (Date of Deposit)
Laura DiStefano (Printed Name)	
 (Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

☒ Information Disclosure Statement.

☒ Form PTO-1449 with copies of 2 listed reference(s).

05/12/2006 ZJUHAR1 00000028 10051320

395.00 OP

01 FC:2801

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	18	- 22	= 0	x \$50.00	= \$0.00
Independents	3	- 3	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00
EXTENSION FEE TOTAL					\$0.00
CLAIMS AND EXTENSION FEE TOTAL:					\$790.00
[X]	Small Entity Fees Apply (subtract ½ of above):				\$395.00
[]	Suspension of action requested under 37 C.F.R. § 1.103(c)				\$0.00
TOTAL FEE:					\$395.00

A check in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: May 9, 2006

By 

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Customer Number: 38706
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Facsimile: (650) 856-3710

Antoinette F. Konski
Attorney for Applicant
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